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### Complete if Known    Complete if Known   Application Number   406/17/47, S89	TOTAL AMOUNT OF PAYMENT  1. The Commissioner is nereby authorized to charge indicated fees and credit any overpayments to:  Deposit		Filir Firs Exa Gro	ng Da It Nar Imine Iup Ai	te ned In r Nam t Unit	mber	08/194,889 August 23, 1999 Feng C. Saoud	· · · · · · · · · · · · · · · · · · ·
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104 280 204 140 Multiple dependent claim, if not paid 109 84 209 42 "Reissue independent claims over original patent 110 18 210 9 "Reissue claims in excess of 20 and over original patent  SUBTOTAL (2) (\$)  149 740 249 370 For each additional invention to be examined (37 CFR § 1.129(b)) 179 740 279 370 Request for Continued Examination (RCE) 169 900 169 900 Request for expedited examination of a design application  Other fee (specify)		581	40	581	40			
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Application Number  Application Number									
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FORM First Named Inventor Feng									
(to be used for all correspondence after initial filing)	Group Art Unit	1647 RECE	HVED						
	Examiner Name	C. Saoud JUL 1	<u>1</u> 2002 ·						
Total Number of Pages in This Submission	Attorney Docket Number	TSRI 504.1	1600/2900						
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Firm or Individual name  Emily Holmes									
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